10807700

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

760-107 CPA/CONII

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS						. •		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00 [°]
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•			XS _. 9=		OR	X\$18=	
	DEPENDENT C		/ minus 3 ±			. •		X43=	•	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
5-10-07 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ኒ	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 8	Minus	••		.]	X\$ 9=	·	OR	X\$18=	
AME	Independent	· /	Minus	***		-	11	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL		OB.	. TOTAL	
		(Column 1)		(Colum	າກ 2)	(Column 3)		VODIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	} [X\$ 9≖		OR	X\$18=	
	Independent	•	Minus	***		•	1 t	X43= ·	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		1	+145=	-	OR	+290=	
								TOTAL DDIT, FEE	· ·	OR.	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	:				· · ·	•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	$\ \cdot\ $	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	00		•		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		8]	X43=			X86=	-;
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		!			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Plighest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ** ADDIT SEE												
	I the "Highest Nur	nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is	less than	3. enter 3	~	OOM. FEE			ODIT. FEEL Jimn 1.	